

nine prominent surgeons who took part in the discussion, six were in favor of ligating the artery above and below the diseased point and extirpating the sac.

For arterio-venous aneurisms they all agreed that ligation of the vessels combined with extirpation of the mass was the only method of treatment.

Verneuil was of the opinion that non-operative methods should be used when the patient was above 70 years of age, for at this time of life the mortality after operation was exceedingly high, and that at this time non-operative methods gave brilliant results. Verneuil spoke against extirpating the sac in ordinary aneurisms, as simple ligation of the artery gave good results.—*Revue de Chirurgie*, No. 11, 1889.

F. C. HUSON (New York).

GENITO-URINARY ORGANS.

I. Surgical Exploration of the Kidneys. By DR. J. RECAMIER (Paris). The author reviews the different methods of exploration for purposes of diagnosis of the surgical affections of the kidneys. Exploratory puncture is spoken of disparagingly, while percussion and palpation are endorsed unqualifiedly. The bimanual (Guyon's ballottement and Glénord's "nephroleptic") method, with the patient in the dorsal position, it is claimed, permits of a very thorough examination of the organ, revealing increase in volume, mobility and conditions of undue sensibility. The most important point in the author's thesis relates to the immediate examination of the organs by means of an exploratory incision, this being, as a rule, made in the lumbar region, save in those cases in which it is necessary to demonstrate the existence of both organs, as well as where the location of the disease cannot be previously determined; hence the abdominal incision is preferred. Early exploration by incision is recommended particularly in the following: 1st, In those cases in which the diagnosis rests between nephro-lithiasis and commencing tumor, as well as where the character of a suppuration in the pelvis of the kidney remains in doubt. 2d, In cases of anuria with obstruction of the ureters. 3d, For the purpose of demonstrating the existence and condition of the other

kidney. 4th, In severe contusions of the organs.—*Monograph*, 1889.

II. Upon Palpation of the Healthy and Diseased Kidneys. By DR. J. ISRAEL (Berlin). The conditions under which the kidneys are not accessible to palpation are the following: 1st, The presence of a large amount of fat surrounding the organ; 2d, Great tension upon the abdominal walls; 3d, Where but a slight distance exists between the crest of the ilium and the lower ribs. Well marked development of physiological lordosis of the lumbar vertebrae is indispensable to the manipulation. The bowels must be previously emptied.

The three practicable procedures of palpation are, 1st, bimanual palpation in the dorsal decubitus. The operator stands upon the side to be examined, and with the corresponding hand makes deliberate but gentle pressure at a point, one inch below the junction of the 10th rib with the costal cartilage, while the other hand makes counter pressure from the lumbar region. 2d, Guyon's "renal ballotement." The patient and operator stand as in the foregoing procedure. With the hand pushed under the lumbar region the operator makes a series of gentle but short, regular and quickly successive blows, by means of which the kidney is projected in a jerking manner toward the anterior abdominal wall. 3d, The author's method of examination in the lateral position; examination of the left kidney is made with the patient upon the right side, the operator standing upon the right side and placing the right hand upon the lumbar region, the left resting upon the anterior abdominal wall. During respiratory movements the finger tips glide over the lower edge of the kidney. He found, contrary to the expressed view of other observers, that the unattached or movable kidney takes part in the respiratory movements although not to the same degree as the liver and spleen. In the normally attached kidney only the lower third, or at the most the lower half, of the organ can be palpated; the rounded edge of the organ can be felt and distinguished from the liver and spleen. These latter organs may be isolated and their edges lifted away from the kidney by the finger tips.

By means of the latter method, the author succeeded in diagnos-